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B&D ID
20802

PROJECT DESCRIPTION

Expansion or Enhancement Grant—Expansion and enhancement (page 2)

Program Area Affiliation—Adolescent (page 2)

Congressional District and Congressperson—Florida 17; Kendrick B. Meek

Public Health Region—IV

Purpose, Goals, and Objectives—The therapeutic mission of the program is to help addicted adolescents to eliminate drug abuse and stabilize emotional, cognitive, and behavioral issues that cause problems for them, their families, and society (page 30). The application states the primary goal as reducing the substance abuse (SA) and the spread of SA-related HIV/AIDS and infectious diseases in YMSM (young males who have sex with men) of color in Miami-Dade County, Florida (page 2); to expand and/or enhance SA treatment services in conjunction with HIV/AIDS services in African American, Latino, and/or other racial/ethnic minority communities highly affected by the twin epidemics of SA and HIV/AIDS (page 21). The goals of this initiative are stated as follows: (1) to reduce the spread of alcohol and other drug related HIV/AIDS and sexually transmitted infections among YMSM of color, (2) to reduce the risk of contracting/spreading HIV, STDs, and hepatitis A, B, and C; (3) to improve the medical and health status of those YMSM who are living with HIV; and (4) to improve the mental health functioning of and enhance/develop the social support networks of YMSM of color. Each goal, as stated in the application, includes objective statements (pages 26–27).

Target Population—The population to be targeted is young males who have sex with men (YMSM) living in Miami-Dade County, ages 13–17. (page 24)

Geographic Service Area—Miami, Dade County, Florida. (page 1)

Drugs Addressed—Drugs to be addressed are not stated specifically in the application, though general references are made to alcohol and illicit drugs (e.g., ecstasy, methamphetamine, cocaine, crack). (page 21)

Theoretical Model—The LIFE program incorporates cognitive, emotional, moral, and social development into its treatment approach. The program coordinates adolescent progress by increasing the patient's own responsibility for planning and decision-making relative to his or her own ability and to his or her own life. Five key factors are incorporated into the program: (1) developmental needs vary with age and developmental stage; (2) norms, values and health beliefs differ across cultures; (3) gender-specific strategies should be used in the treatment process, since SA and mental health problems differ between the genders; (4) coexisting mental disorders can interfere with the adolescent's motivation and ability to participate in treatment, and they increase the probability of relapse; and (5) an adolescent's family has a potential role both in the origin/maintenance of his or her substance abuse problem and as an agent of change in the adolescent's environment. (page 30)

Type of Applicant—Not-for-profit. (page 1)

SERVICE PROVIDER STRUCTURE

Service Organizational Structure—The Village is a 501(c) (3) private, not-for-profit agency approved as a Medicaid provider and fully licensed by the State of Florida, Department of Children and Families, for the provision of residential and outpatient substance abuse treatment, prevention, intervention, and education services (page 40). The Village is a not-for-profit, community based, comprehensive behavioral services agency that will expand and enhance its LIFE program, an intensive, in-home treatment program that serves SA adolescents and their families, to serve substance-abusing YMSM (13–17 years) of color who are living with HIV or at high risk for infection. (page 2)

Service Providers—The application elaborates interagency collaborations regarding research (page 45) but not regarding partnerships with other service agencies.

Services Provided—The therapeutic services to be provided include a comprehensive biopsychosocial assessment, individual counseling, family therapy, relapse prevention sessions, case management, and crisis support. (page 31)

Service Setting—The program will use an intensive in-home-based family treatment model (pages 21, 27), an outpatient model.

Number of Persons Served—During the 5-year grant period, the project intends to serve 285 YMSM and 285 families. (page 28)

Desired Project Outputs—The expansion and enhancement of the program will result in (1) reduced alcohol and other drug use, (2) reduced risk of acquiring or transmitting HIV and other infectious diseases, (3) increased knowledge about HIV/AIDS, (4) reduced high-risk sexual behavior, (5) increased self-esteem and self-acceptance, (6) development and enhancement of peer support network, and (7) increased family cohesion and communication and decreased family conflict. (page 2)

Consumer Involvement—Representatives of the target population were included in the development of this proposal. To ensure quality programming in addressing the target population's needs, quarterly satisfaction surveys and client focus groups will be conducted. Information from these sources will be used to develop performance improvement activities, as necessary. The target population will be included in the final interpretation of the data obtained from this project through a series of round-table discussions. A committee composed of professionals and members of the target population will screen all materials to ensure that they reflect the cultures and ethnic groups in treatment and that they are developmentally appropriate. (pages 28-30)

EVALUATION

Strategy and Design—The evaluation component of this project will consist of three elements: (1) implementation fidelity, (2) process, and (3) outcome evaluation. The data analysis strategy will consist of fidelity checks, validity checks, the analysis of outcome measures, and the analysis of follow-up data. (pages 35-36, 39)

Evaluation Goals/Desired Results—The application includes no statements identified as "goals" that apply to the overall evaluation. (See next paragraph)

Evaluation Questions and Variables—An outcome evaluation chart is included in the application (pages 39 – 40). However, the referenced "evaluation questions" are written as target statements/goals. They are listed as follows: (1) 285 YMSM and their families receive in-home treatment and continuing care, (2) 70% of YMSM and their families will successfully complete treatment, (3) reduce substance use during the last 30 days of treatment for 80% of adolescents regardless of discharge type, (4) reduce substance use during the last 30 days of treatment for 80% of adolescents completing treatment at discharge and 6- and 12 month follow-up, (5) decrease sexual and drug risk-taking behavior within the past 30 days at discharge and 6- and 12-month follow-up, (6) increase knowledge regarding HIV, STD, and hepatitis transmission, (7) increase compliance with medical appointments to 80%, (8) increase self-esteem and decrease mental health symptoms of clients remaining in treatment for 90 days, (9) improve family cohesion and family communication and decrease conflict for youth remaining in treatment for 90 days, and (10) increase utilization of peer support network for youth remaining in treatment for 90 days.

Instruments and Data Management—Interviews, questionnaires and clinical record reviews will constitute the primary method of obtaining intake and follow-up data. The assessments will be administered at admission, discharge, and 6- and 12- months post-admission. Staff will be trained in administering the instruments, completing intake and follow-up GPRA forms, and entering and cleaning the data. The instruments to be administered to clients include the Adolescent Drug Abuse Diagnosis (ADAD; Friedman and Utada, 1989), the Substance Abuse Subtle Screening Inventory—Adolescent Version (SASSI-A), Child Behavior Checklist (CBCL (Achenbach and Edelbrock, 1979), Youth Self Report (YSR), Rosenberg Self-Esteem Scale, (Rosenberg, 1965), measures of HIV risk behavior and HIV knowledge (i.e., HIV Cluster Questionnaire, The Condom Self-efficacy Scale, AIDS Risk Behavior Knowledge Test), and the GPRA. (pages 37–38)